## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ap in m

appropriate. All further correspindicated unless corrected belomaintenance fee notifications.	pondence including ow or directed oth	g the Patent, advance of erwise in Block 1, by (a	rders and notification of ra) specifying a new corres	naintenance fees we pondence address;	ill be mailed to the current and/or (b) indicating a sep	t correspondence address as varate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				s) Transmittal, This	s certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
535 7590	12/18/	2009	have		_		
K.F. ROSS P.C. 5683 RIVERDALE AVENUE SUITE 203 BOX 900 BRONX, NY 10471-0900				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)			
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/575,673 04/11/2006		•	Niko Willmann		23531	1706	
TITLE OF INVENTION: BONE SCREW							
APPLN. TYPE SM	IALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE	E DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/18/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ARAJ, MICHAEL J		3775	606-073000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RE	ESIDENCE DATA	TO BE PRINTED ON	ГНЕ PATENT (print or typ	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
ULRICH GMBH	& CO. KG		ULM, GERMAI	M, GERMANY			
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are sub	omitted:	41	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
Issue Fee     Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by @Redit@ark:Rorno#短光12038:riscattantest. EFS				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status (fro	s. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature/a	ndrew wilfo	rd/		Date4 M	arch 2010		
Typed or printed nameAr	ndrew Wilfor	cd		Registration N	o. <u>26, 597</u>		
This collection of information is an application. Confidentiality submitting the completed applications for and/or suggestions for Box 1450, Alexandria, Virginia Alexandria, Virginia 22313-145 Under the Paperwork Reduction	is governed by 35 cation form to the r reducing this bur 22313-1450. DO 50.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th NOT SEND FEES OR (	1.14. This collection is est depending upon the indivention office e Chief Information Office COMPLETED FORMS TO	imated to take 12 n idual case. Any co er, U.S. Patent and D THIS ADDRESS	ninutes to complete, includi mments on the amount of ti Trademark Office, U.S. Dep . SEND TO: Commissioner	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE